
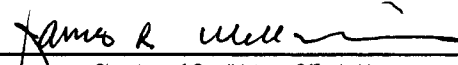
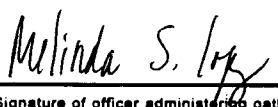


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

RECEIVED
CITY OF SAN ANTONIO
CLERK
2001 JUL 27 A 11:08

1 ACCOUNT #	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE <i>MR.</i></td> <td style="width: 33%;">FIRST <i>JAMES</i></td> <td style="width: 33%;">MI <i>R.</i></td> </tr> <tr> <td>NICKNAME <i>JIM</i></td> <td>LAST <i>WILLIAMS</i></td> <td>SUFFIX</td> </tr> </table>	TITLE <i>MR.</i>	FIRST <i>JAMES</i>	MI <i>R.</i>	NICKNAME <i>JIM</i>	LAST <i>WILLIAMS</i>	SUFFIX						
TITLE <i>MR.</i>	FIRST <i>JAMES</i>	MI <i>R.</i>											
NICKNAME <i>JIM</i>	LAST <i>WILLIAMS</i>	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report	
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<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Month Day Year <i>4 / 26 / 01</i> </td> <td style="width: 10%; text-align: center;">THROUGH</td> <td style="width: 40%;"> Month Day Year <i>7 / 9 / 01</i> </td> </tr> </table>	Month Day Year <i>4 / 26 / 01</i>	THROUGH	Month Day Year <i>7 / 9 / 01</i>									
Month Day Year <i>4 / 26 / 01</i>	THROUGH	Month Day Year <i>7 / 9 / 01</i>											
6 EXPLANATION OF CORRECTION	<p style="text-align: center; font-size: 1.2em;"><i>NOT NOTARIZED</i></p>												
7 AFFIDAVIT													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  <p>AFFIX NOTARY STAMP OF SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: right;">  _____ Signature of Candidate or Officeholder </p> <p>Sworn to and subscribed before me by <u>James R. Williams</u> this the <u>27th</u> day of <u>July</u>, 20 <u>01</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">  _____ Signature of officer administering oath </div> <div style="width: 30%;"> <p><i>Melinda S. Lopez</i></p> _____ Printed name of officer administering oath </div> <div style="width: 30%;"> <p><i>Notary</i></p> _____ Title of officer administering oath </div> </div> </div> </div>													
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections													



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed
200 JUL 27 11:08

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

MR

James

R.

NICKNAME

LAST

SUFFIX

(Jim)

Williams

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

15190 Cadillac Dr. San Antonio TX 78248

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Mr.

Randle

R.

NICKNAME

LAST

SUFFIX

(Randy)

Ross

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8531 N. New Braunfels #202 San Antonio TX 78217

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

824-3931

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

04 / 26 / 01

THROUGH

7 / 9 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 08 / 01

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 9

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 675.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

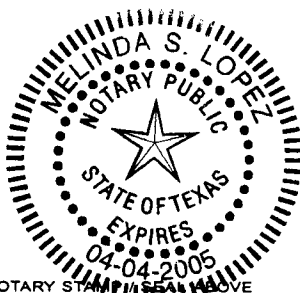
\$ 4792.66

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James R. Williams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James R. Williams, this the 27th day of July, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>Mr. James R. Williams</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>4/30/01</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Corbo Family Limited Partnership</u>	7 Amount of contribution (\$) <u>\$250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1430 N. Flores</u> <u>San Antonio TX 78212</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>5/1/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Clarence / Donna Gerfers</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2514 Wilderness Hill</u> <u>San Antonio TX 78231</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>5/25/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Janice Bobo</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9401 De Chene</u> <u>San Antonio TX 78250</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/12/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Gene Hansen</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>350 E. Olmos #2</u> <u>San Antonio TX 78212</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/14/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>James Robert Allen</u>	Amount of contribution (\$) <u>\$250.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1262 Phantom Valley</u> <u>San Antonio TX 78232</u>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/26/01

Wells Fargo Bank

6 Payee address; City; State; Zip Code

40 NE Loop 410

San Antonio TX 78216

\$2.00

8 Purpose of payment (See instructions regarding type of information required.)

checking account service charge

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/1/01

LTC

Payee address; City; State; Zip Code

508 W. Rhapsody

San Antonio TX 78216

\$609.49

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/4/01

Las Palapas

Payee address; City; State; Zip Code

2311 wilderness Hill

San Antonio TX 78231

\$80.91

Purpose of payment (See instructions regarding type of information required.)

election party

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/4/01

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road

San Antonio TX 78212

\$481.14

Purpose of payment (See instructions regarding type of information required.)

Signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/4/01

5 Payee name

Duke Keller Advertising

6 Payee address; City; State; Zip Code

26254 IH 10 West
Boerne, TX 78006

7 Amount (\$)

\$ 400.00

8 Purpose of payment (See instructions regarding type of information required.)

outdoor sign

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/01

Payee name

Jim Williams Jr.

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

\$ 71.17

Purpose of payment (See instructions regarding type of information required.)

reimb for election party
Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/01

Payee name

Jim or Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

\$ 69.47

Purpose of payment (See instructions regarding type of information required.)

volunteer lunches

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/10/01

Payee name

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters #1112
San Antonio TX 78216

Amount (\$)

\$ 1,000.00

Purpose of payment (See instructions regarding type of information required.)

consulting Fees

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Mr. James R. Williams

4 Date

5/17/01

5 Payee name

Botanika

6 Payee address; City; State; Zip Code

1418 N. Zarzamora
San Antonio TX 78207

7 Amount (\$)

\$ 53.89

8 Purpose of payment (See instructions regarding type of information required.)

Volunteer thank you gift

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/17/01

Payee name

Steve Buitron

Payee address; City; State; Zip Code

2719 Floral Way
San Antonio TX 78247

Amount (\$)

\$ 450.00

Purpose of payment (See instructions regarding type of information required.)

Consulting Fees

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/18/01

Payee name

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters #1112
San Antonio TX 78216

Amount (\$)

\$ 276.79

Purpose of payment (See instructions regarding type of information required.)

telephone

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/25/01

Payee name

Wells Fargo Bank

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Amount (\$)

\$ 2.00

Purpose of payment (See instructions regarding type of information required.)

Statement charge

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 JUL 27 A 11:08 4 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/25/01

5 Payee name

Wells Fargo Bank

7 Amount (\$)

\$10.00

6 Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

8 Purpose of payment (See instructions regarding type of information required.)

checking acct maintenance fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/7/01

Payee name

LTC

Amount (\$)

\$411.00

Payee address; City; State; Zip Code

508 W. Rhapsody
San Antonio TX 78216

Purpose of payment (See instructions regarding type of information required.)

push cards

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/7/01

Payee name

Election Support Services

Amount (\$)

306.48

Payee address; City; State; Zip Code

4958 Military Drive West
San Antonio TX 78242

Purpose of payment (See instructions regarding type of information required.)

Walking / Phone lists

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/7/01

Payee name

Election Support Services

Amount (\$)

166.51

Payee address; City; State; Zip Code

4958 Military Drive West
San Antonio TX 78242

Purpose of payment (See instructions regarding type of information required.)

mailer

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/20/01

5 Payee name

Randle R. Ross

6 Payee address; City; State; Zip Code

8531 N. New Braunfels #202
San Antonio TX 78217

7 Amount (\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

accounting services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/27/01

Payee name

Wells Fargo Bank

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Amount (\$)

\$2.00

Purpose of payment (See instructions regarding type of information required.)

Statement Charge

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/27/01

Payee name

Wells Fargo Bank

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Amount (\$)

\$10.00

Purpose of payment (See instructions regarding type of information required.)

Checking acct maintenance fee

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/9/01

Payee name

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters #1112
San Antonio TX 78216

Amount (\$)

\$139.81

Purpose of payment (See instructions regarding type of information required.)

Consulting fees

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

Mr. James R. Williams

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are a candidate ..

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR James R.
NICKNAME LAST SUFFIX
(Jim) Williams

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
15190 Cadillac Dr. San Antonio TX 78248

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mr. Randle R.
NICKNAME LAST SUFFIX
(Randy) Ross

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
8531 N. New Braunfels #202 San Antonio TX 78217

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 824-3931

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
04 / 26 / 01 THROUGH 7 / 9 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 08 / 01
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 9

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt / Suite #: City: State: Zip Code

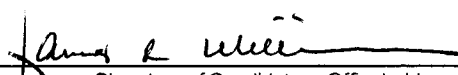
☐ additional pages

GO TO PAGE 2

01 JUL 20 01 9:28
CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	COMMITTEE ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	COMMITTEE CAMPAIGN TREASURER NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	—
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	675.00
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	—
	4. TOTAL POLITICAL EXPENDITURES	\$	4792.66
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	Ø
19 AFFIDAVIT <div style="text-align: center;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="margin-top: 20px;">  Signature of Candidate or Officeholder </div> </div> <div style="margin-top: 20px;"> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Corbo Family Limited Partnership

6 Contributor address; City; State; Zip Code

1430 N. Flores
San Antonio TX 78212

7 Amount of
contribution (\$)

\$250

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/1/01

Full name of contributor

☐ out-of-state PAC (ID#)

Clarence / Donna Gerfers

Contributor address; City; State; Zip Code

2514 Wilderness Hill
San Antonio TX 78231

Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/25/01

Full name of contributor

☐ out-of-state PAC (ID#)

Janice Bobo

Contributor address; City; State; Zip Code

9401 De Chene
San Antonio TX 78250

Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

Gene Hansen

Contributor address; City; State; Zip Code

350 E. Olmos #2
San Antonio TX 78212

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

James Robert Allen

Contributor address; City; State; Zip Code

1362 Phantom Valley
San Antonio TX 78232

Amount of
contribution (\$)

\$250.

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/01

5 Payee name

Wells Fargo Bank

7 Amount (\$)

\$2.00

6 Payee address; City; State; Zip Code

40 NE Loop 410

San Antonio TX 78216

8 Purpose of payment (See instructions regarding type of information required.)

Checking account service charge

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/1/01

Payee name

LTC

Payee address; City; State; Zip Code

508 W. Rhapsody

San Antonio TX 78216

Amount (\$)

\$609.49

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/4/01

Payee name

Las Palapas

Payee address; City; State; Zip Code

2311 wilderness Hill

San Antonio TX 78231

Amount (\$)

\$80.91

Purpose of payment (See instructions regarding type of information required.)

election party

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/4/01

Payee name

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road

San Antonio TX 78212

Amount (\$)

\$481.14

Purpose of payment (See instructions regarding type of information required.)

Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/4/01

5 Payee name

Duke Keller Advertising

6 Payee address; City; State; Zip Code

26254 IH 10 West
Boerne, TX 78006

7 Amount (\$)

\$ 400.00

8 Purpose of payment (See instructions regarding type of information required.)

outdoor sign

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/01

Payee name

Jim Williams Jr.

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

\$ 71.17

Purpose of payment (See instructions regarding type of information required.)

reimb for election party
supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/01

Payee name

Jim or Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

\$ 69.47

Purpose of payment (See instructions regarding type of information required.)

volunteer lunches

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/10/01

Payee name

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters # 1112
San Antonio TX 78216

Amount (\$)

\$ 1,000.00

Purpose of payment (See instructions regarding type of information required.)

consulting fees

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/17/01

5 Payee name

Polanika

6 Payee address; City; State; Zip Code

1418 N. Zarzamora
San Antonio TX 78207

7 Amount (\$)

\$ 53.89

8 Purpose of payment (See instructions regarding type of information required.)

volunteer thank you gift

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/17/01

Payee name

Steve Buitron

Payee address; City; State; Zip Code

2719 Floral Way
San Antonio TX 78247

Amount (\$)

\$ 450.00

Purpose of payment (See instructions regarding type of information required.)

Consulting fees

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/18/01

Payee name

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters #1112
San Antonio TX 78216

Amount (\$)

\$ 276.79

Purpose of payment (See instructions regarding type of information required.)

telephone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/25/01

Payee name

Wells Fargo Bank

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Amount (\$)

\$ 2.00

Purpose of payment (See instructions regarding type of information required.)

Statement charge

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

01 JUL 20 AM 9:28

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/25/01

Wells Fargo Bank

\$10.00

6 Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

8 Purpose of payment (See instructions regarding type of information required.)

Checking acct maintenance fee

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

6/7/01

LTC

Payee address; City; State; Zip Code

508 W. Rhapsody
San Antonio TX 78216

\$411.00

Purpose of payment (See instructions regarding type of information required.)

pushcards

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

6/7/01

Election Support Services

Payee address; City; State; Zip Code

4958 Military Drive West
San Antonio TX 78242

306.48

Purpose of payment (See instructions regarding type of information required.)

Walking/Phone lists

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

6/7/01

Election Support Services

Payee address; City; State; Zip Code

4958 Military Drive West
San Antonio TX 78242

166.51

Purpose of payment (See instructions regarding type of information required.)

mailer

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

Mr. James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/01

5 Payee name

Randle R. Ross

7 Amount (\$)

\$250.00

6 Payee address; City; State; Zip Code

8531 N. New Braunfels #202
San Antonio TX 78217

8 Purpose of payment (See instructions regarding type of information required.)

accounting services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/27/01

Payee name

Wells Fargo Bank

Amount (\$)

\$2.00

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Purpose of payment (See instructions regarding type of information required.)

Statement Charge

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/27/01

Payee name

Wells Fargo Bank

Amount (\$)

\$10.00

Payee address; City; State; Zip Code

40 NE Loop 410
San Antonio TX 78216

Purpose of payment (See instructions regarding type of information required.)

Checking acct maintenance fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/9/01

Payee name

Debbie Rodgers

Amount (\$)

\$139.81

Payee address; City; State; Zip Code

400 W Bitters #1112
San Antonio TX 78216

Purpose of payment (See instructions regarding type of information required.)

Consulting fees

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Mr. James R. Williams

2 ACCOUNT # (Ethics Commission files)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

James R. Williams
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

** Complete A & B below only if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

James R. Williams
Signature of Candidate**5 OFFICEHOLDER**

** Complete this section only if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. James R. NICKNAME LAST SUFFIX (Jim) Williams		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15190 Cadillac Dr. San Antonio TX 78248 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Randle R. NICKNAME LAST SUFFIX (Randy) Ross		6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8531 N. New Braunfels #202 San Antonio TX 78217
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 824-3931		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 27 / 01 04 / 25 / 01		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 08 / 01		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council District 9	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

James R. Williams

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,700.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4,973.67

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

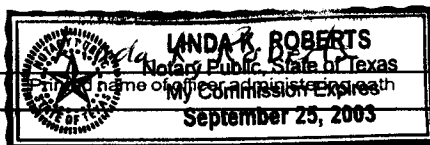
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James R. Williams, this the 26th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath



Title of officer administering oath

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

Schedule A1:
1 of 4

3 ACCOUNT # (Ethics Commission filers)

100.00

10 Employer (Optional)

200.00

Employer (Optional)

500.00

Employer (Optional)

100.00

Employer (Optional)

1500.00

Employer (Optional)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2 of 4	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/27/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey Allison 6 Contributor address; City; State; Zip Code 2711 Redbridge San Antonio TX 78248	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Williams Contributor address; City; State; Zip Code 5347 Prancing Deer Bulverde TX 78163-2426	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim/Shirley Overby Contributor address; City; State; Zip Code 1206 Vista Del Rio San Antonio, TX 78216	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Malcom T. Harman Contributor address; City; State; Zip Code 1250 NE Loop 410 #210A San Antonio TX 78209	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/2/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maureen/Bill Sitter Contributor address; City; State; Zip Code 9519 Gloxinia Garden Ridge TX 78266-2536	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3 of 4	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers) 01	
4 Date 4/23/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Myron East, JR	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) CITY OF SAN ANTONIO
6 Contributor address; City; State; Zip Code 13750 San Pedro #700 San Antonio TX 78232			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/25/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: San Antonio Realtors PAC	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9110 IH 10 West San Antonio TX 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 4/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen / Martha Hixon	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 114 Rio Bravo San Antonio TX 78232			
Principal occupation (Optional)		Employer (Optional)	
Date 4/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim / Leslie Casey	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14439 Briaredge San Antonio TX 78247			
Principal occupation (Optional)		Employer (Optional)	
Date 4/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wesly West	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1114 Mt Ranier San Antonio TX 78213			
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4 of 4	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Rodgers 6 Contributor address; City; State; Zip Code 400 W. Bitters # 1112 San Antonio TX 78216	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable) 01 APR 30 11 11 AM '01
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/25/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Rodgers Contributor address; City; State; Zip Code 400 W. Bitters # 1112 San Antonio TX 78216	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27/01

5 Payee name

Wells Fargo Bank

6 Payee address; City; State; Zip Code

40 NE Loop 410

San Antonio TX 78216

7 Amount (\$)

2.00

8 Purpose of payment (See instructions regarding type of information required.)

Checking account service charge

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/29/01

Payee name

Election Support Services

Payee address; City; State; Zip Code

4958 Military Dr. West

San Antonio TX 78242

Amount (\$)

295.52

Purpose of payment (See instructions regarding type of information required.)

Walking List

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/4/01

Payee name

Holloway Enterprises

Payee address; City; State; Zip Code

19026 Stone Oak Parkway #110

San Antonio TX 78258

Amount (\$)

750.00

Purpose of payment (See instructions regarding type of information required.)

Rent

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/5/01

Payee name

Holloway Enterprises

Payee address; City; State; Zip Code

19026 Stone Oak Parkway #110

San Antonio TX 78258

Amount (\$)

5.40

Purpose of payment (See instructions regarding type of information required.)

Copies made

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 4

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/5/01

Debbie Rodgers

6 Payee address; City; State; Zip Code

400 W. Bitters # 1112

San Antonio TX 78216

173.47

8 Purpose of payment (See instructions regarding type of information required.)

Phone charges reimb
Volunteer meals reimb

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/5/01

Debbie Rodgers

Payee address; City; State; Zip Code

400 W. Bitters # 1112

San Antonio TX 78216

200.00

Purpose of payment (See instructions regarding type of information required.)

Phone charges reimb

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/13/01

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road

San Antonio TX 78212

350.00

Purpose of payment (See instructions regarding type of information required.)

Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/13/01

Home Depot

Payee address; City; State; Zip Code

1066 Central Pkwy South

San Antonio, TX 78232

132.10

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/01

5 Payee name

Allied Advertising

6 Payee address; City; State; Zip Code

3700 Blanco Road
San Antonio TX 78212

7 Amount (\$)

417.03

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/23/01

Payee name

Jim or Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

667.59

Purpose of payment (See instructions regarding type of information required.)

reimb for meals, supplies,
printing** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/24/01

Payee name

Election Support Services

Payee address; City; State; Zip Code

4958 Military Dr. West
San Antonio TX 78242

Amount (\$)

1559.18

Purpose of payment (See instructions regarding type of information required.)

mailer

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/25/01

Payee name

Jim or Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac
San Antonio TX 78248

Amount (\$)

138.63

Purpose of payment (See instructions regarding type of information required.)

reimb for supplies, printing

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 4

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/25/01

Randle R. Ross

282.75

6 Payee address; City; State; Zip Code

8531 N. New Braunfels #202

San Antonio TX 78217

8 Purpose of payment (See instructions regarding type of information required.)

accounting / bookkeeping

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

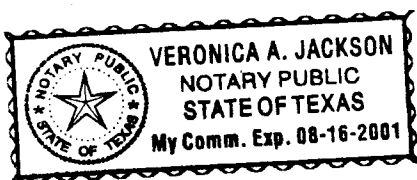
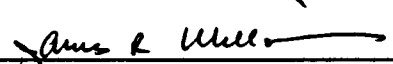

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. James R			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX (Jim) Williams				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15190 Cadillac Dr. San Antonio TX 78248			Date Received	
				Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Randle R.			Receipt # Amount	
	NICKNAME LAST SUFFIX (Randy) Ross			Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8531 N. New Braunfels #202 San Antonio TX 78217			Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	824-3931			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 24 / 01 03 / 26 / 01				
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council District 9		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

2001 APR -5 A 10:15

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME 15 ACCOUNT # (Ethics Commission files)									
James R. Williams									
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p><small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME								
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)								
18 CONTRIBUTION TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width: 30%; text-align: right;">\$ 0</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ 16,796.00</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,796.00				
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0								
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,796.00								
EXPENDITURE TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="width: 30%; text-align: right;">\$ 0</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 15,103.07</td> </tr> </table>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	4. TOTAL POLITICAL EXPENDITURES	\$ 15,103.07				
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0								
4. TOTAL POLITICAL EXPENDITURES	\$ 15,103.07								
OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width: 30%; text-align: right;">\$ 0</td> </tr> </table>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0						
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0								
19 AFFIDAVIT									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="font-size: 0.8em;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: center; margin-top: 20px;">  _____ Signature of Candidate or Officeholder </div> </div> </div> <div style="margin-top: 20px;"> <p>Sworn to and subscribed before me, by the said <u>James R. Williams</u>, this the <u>5th</u> day of <u>April</u>, 20<u>01</u> to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">  _____ Signature of officer administering oath </div> <div style="width: 30%;"> <p><u>Veronica A. Jackson</u> _____ Printed name of officer administering oath</p> </div> <div style="width: 30%;"> <p><u>Notary</u> _____ Title of officer administering oath</p> </div> </div> </div>									

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 8	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/2/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randle Ross 6 Contributor address; City; State; Zip Code 1902 Thicket Trail San Antonio, TX 78248	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/3/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Godwin Contributor address; City; State; Zip Code 2916 Indian Hollow San Antonio, TX 78261	Amount of contribution (\$) \$91.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/6/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey Allison Contributor address; City; State; Zip Code 2711 Red bridge San Antonio TX 78248	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Smith Contributor address; City; State; Zip Code 16400 Henderson Pass #614 San Antonio, TX 78232	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harvey Mabry Contributor address; City; State; Zip Code 55 Champrons lane San Antonio, TX 78257	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>2 of 8</u>	
2 FILER NAME <u>James R. Williams</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/8/01</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Tom Matthaei</u> 6 Contributor address; City; State; Zip Code <u>8622 S. Zanzamora Lot 382</u> <u>San Antonio TX 78224</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>2/8/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Renee Cooper</u> Contributor address; City; State; Zip Code <u>3919 Perrin Central #207</u> <u>San Antonio TX 78217</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>2/8/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jim Dunlap</u> Contributor address; City; State; Zip Code <u>13207 Creek Mist</u> <u>San Antonio TX 78230</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>2/14/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Andrea Correa</u> Contributor address; City; State; Zip Code <u>11721 Parliament Dr. #710</u> <u>San Antonio TX 78213</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <u>2/19/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sara / Charles Herrick</u> Contributor address; City; State; Zip Code <u>3206 Cripple Creek #12F</u> <u>San Antonio TX 78209</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3 of 8	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/19/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeanne / Robert Stinziano 6 Contributor address; City; State; Zip Code 13731 Forest Rock San Antonio TX 78231	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul / Cathy Sparks Contributor address; City; State; Zip Code 1214 Saxonhill San Antonio TX 78253	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Duane / Lisa Orth Contributor address; City; State; Zip Code 1223 Delmont Court San Antonio TX 78258	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David / Kathy Rittmueller Contributor address; City; State; Zip Code 3423 Hunters Run San Antonio TX 78230	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric / Angela Weissgarber Contributor address; City; State; Zip Code 15115 Cadillac Dr. San Antonio TX 78248	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see the instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4 of 8	
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna / Michael Scott 6 Contributor address; City; State; Zip Code 1211 Autumn Ridge San Antonio TX 78258	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Williams Contributor address; City; State; Zip Code 14 Courtside Circle San Antonio TX 78216	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lillian / David Ramirez Contributor address; City; State; Zip Code 7118 Cahill Street San Antonio TX 78223	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce / David Shoemaker Contributor address; City; State; Zip Code 7507 Rocky Trail Converse TX 78109	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry / Marie Dahlstein Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

91015
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 5 of 8	
2 FILER NAME James R. Williams				3 ACCOUNT # (Ethics Commission files)	
4 Date 3/26/01	5 Full name of contributor Edward / Nancy Kelley	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 44 Champions Lane San Antonio TX 78257					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 3/26/01	Full name of contributor Ana Mendoza	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 181 Port Charles Ave New Braunfels, TX 78130					
Principal occupation (Optional)			Employer (Optional)		
Date 3/5/01	Full name of contributor Trey Schubert	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 15190 Cadillac Drive San Antonio TX 78248					
Principal occupation (Optional)			Employer (Optional)		
Date 3/5/01	Full name of contributor Mark O'Donnell	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11903 Parliament #424 San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 3/9/01	Full name of contributor Edward Acosta	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 12042 Blanco Rd #108 San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 6 of 8	
2 FILER NAME James R. Williams				3 ACCOUNT # (Ethics Commission files)	
4 Date 3/9/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lucila Villarreal		7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2518 Hollow Village San Antonio, TX 78231					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 3/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mechelle Skipper		Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 12701 West Ave #1026 San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 3/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Richesin		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3310 John Glenn San Antonio TX 78217					
Principal occupation (Optional)			Employer (Optional)		
Date 3/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gussie Jones		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 13630 Park Crossing #113 San Antonio TX 78217					
Principal occupation (Optional)			Employer (Optional)		
Date 3/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James/Renee Williams		Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4041 Ewing Avenue South Minneapolis MN 55410					
Principal occupation (Optional)			Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 7 of 8	
2 FILER NAME James R. Williams				3 ACCOUNT # (Ethics Commission files)	
4 Date 3/13/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harold English	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 7721 Terra Manor Fair Oaks Ranch TX 78015					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 3/15/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Dunlap	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 13207 Creek Mist San Antonio TX 78230					
Principal occupation (Optional)			Employer (Optional)		
Date 3/20/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Areg Murray	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 400 Oak Square San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 3/21/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herbert / Cecile Bannwolf	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 12 Courtside Circle San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 3/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GSABA-SABPAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 8925 IH 10 West San Antonio TX 78230					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

8 of 8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission files)

4 Date

2/17/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Harvey / Marjorie Mabry

6 Contributor address; City; State; Zip Code

55 Champions Lane
San Antonio TX 782577 Amount of
contribution (\$)

\$ 600.00

8 In-kind contribution
description (if applicable)refreshments
for
kickoff
party

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/8/01

Full name of contributor

☐ out-of-state PAC (ID#:

Harvey / Marjorie Mabry

Contributor address; City; State; Zip Code

55 Champions Lane
San Antonio TX 78257Amount of
contribution (\$)

\$ 600.00

In-kind contribution
description (if applicable)refreshments
for
fundraiser

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, provide the instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/01

5 Payee name

Sam's Club

6 Payee address; City; State; Zip Code

12919 San Pedro

San Antonio TX 78216

7 Amount (\$)

86.26

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Banner

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/10/01

Payee name

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road

San Antonio TX 78212

Amount (\$)

782.56

Purpose of payment (See instructions regarding type of information required.)

Yard signs
Bumper stickers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/5/01

Payee name

Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac Drive

San Antonio TX 78248

Amount (\$)

78.55

Purpose of payment (See instructions regarding type of information required.)

postage & labels
(reimbursement)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/12/01

Payee name

Hollaway Enterprises Inc

Payee address; City; State; Zip Code

19026 Stone Oak Parkway #110

San Antonio TX 78258

Amount (\$)

428.51

Purpose of payment (See instructions regarding type of information required.)

office space rent

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission files)
4 Date 2/13/01	5 Payee name LTC Payee address: 508 W. Rhapsody San Antonio, TX. 78216	7 Amount (\$) 991.30
8 Purpose of payment (See instructions regarding type of information required.) push cards		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/15/01	Payee name Office Depot Payee address: 13484 San Pedro San Antonio TX 78216	Amount (\$) 29.02
Purpose of payment (See instructions regarding type of information required.) office Supplies		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/15/01	Payee name Steve Buitron Payee address: 2719 FLORAL WAY SAN ANTONIO, TX. 78247	Amount (\$) 213.68
Purpose of payment (See instructions regarding type of information required.) For walk list from Election Support Services		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/18/01	Payee name Debbie Rodgers Payee address: 400 W. Bitters # 1112 San Antonio TX 78216	Amount (\$) 71.67
Purpose of payment (See instructions regarding type of information required.) office supplies (Reimbursement)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/20/01

Office Max

6 Payee address; City; State; Zip Code

17700 Hwy 281 #800
San Antonio TX 78232

61.43

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies,
Stationary

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/19/01

Reg Fontenot DBA RF Advertising & Graphics

Payee address; City; State; Zip Code

11721 Parliament #1408
San Antonio TX 78213

1000.00

Purpose of payment (See instructions regarding type of information required.)

Design/graphic work
for campaign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/21/01

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road
San Antonio TX 78212

456.33

Purpose of payment (See instructions regarding type of information required.)

Yard signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/14/01

Alamo Stamp & Engraving

Payee address; City; State; Zip Code

11930 Starcrest #102
San Antonio TX 78247

18.28

Purpose of payment (See instructions regarding type of information required.)

bank stamp

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME James R. Williams		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/15/01	5 Payee name Debbie Rodgers 6 Payee address; City; State; Zip Code 400 W. Bitters #1112 San Antonio TX 78216	7 Amount (\$) 107.29
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies & Fundraiser planning meal		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/13/01	Payee name Safeguard Business Systems Payee address; City; State; Zip Code PO Box 910 947 Los Angeles, CA 90091-0947	Amount (\$) 109.97
Purpose of payment (See instructions regarding type of information required.) Campaign checks		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/5/01	Payee name Pack-N-Mail Payee address; City; State; Zip Code 2211 NW Military San Antonio TX 78213	Amount (\$) 309.61
Purpose of payment (See instructions regarding type of information required.) Fundraiser invitations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/28/01	Payee name Kinko's Payee address; City; State; Zip Code 13420 San Pedro San Antonio TX 78216	Amount (\$) 51.78
Purpose of payment (See instructions regarding type of information required.) Business Cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM RECEIVED CITY OF SAN ANTONIO CLERK APR - 5 - 2001		



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/01

5 Payee name

Hollaway Enterprises Inc.

6 Payee address; City; State; Zip Code

19026 Stone Oak Parkway #110
San Antonio TX 78258

7 Amount (\$)

750.00

8 Purpose of payment (See instructions regarding type of information required.)

rent - office space

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/28/01

Payee name

Election Support Services Inc.

Payee address; City; State; Zip Code

4958 military Dr. West
San Antonio TX 78242

Amount (\$)

309.17

Purpose of payment (See instructions regarding type of information required.)

phone list

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/21/01

Payee name

Inter-tel Technologies

Payee address; City; State; Zip Code

3300 Nacogdoches #200
San Antonio TX 78217

Amount (\$)

183.39

Purpose of payment (See instructions regarding type of information required.)

phone service

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/9/01

5 Payee name

Steve Buitron

7 Amount (\$)

2000.00

6 Payee address; City; State; Zip Code

2719 FLORAL WAY

SAN ANTONIO, TX 78247

8 Purpose of payment (See instructions regarding type of information required.)

campaign consulting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/9/01

Payee name

Steve Buitron

Amount (\$)

250.00

Payee address; City; State; Zip Code

2719 FLORAL WAY

SAN ANTONIO, TX 78247

Purpose of payment (See instructions regarding type of information required.)

campaign consulting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/9/01

Payee name

Steve Buitron

Amount (\$)

2500.00

Payee address; City; State; Zip Code

2719 FLORAL WAY

SAN ANTONIO, TX 78247

Purpose of payment (See instructions regarding type of information required.)

campaign consulting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/26/01

Payee name

Debbie Rodgers

Amount (\$)

500.00

Payee address; City; State; Zip Code

400 W. Bitters #1112

San Antonio TX 78216

Purpose of payment (See instructions regarding type of information required.)

PR/consulting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

James R. Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/01

5 Payee name

LTC

6 Payee address; City; State; Zip Code

508 W. Rhapsody
S.A. Tx. 78216

7 Amount (\$)

991.30

8 Purpose of payment (See instructions regarding type of information required.)

push cards

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/9/01

Payee name

LTC

Payee address; City; State; Zip Code

508 W. Rhapsody
S.A. Tx. 78216

Amount (\$)

1020.49

Purpose of payment (See instructions regarding type of information required.)

Push cards

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/21/01

Payee name

City Clerk

Payee address; City; State; Zip Code

100 PLAZA DE ARMAS
San Antonio TX

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Licenses / Fees

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/8/01

Payee name

Wedy Dixon

Payee address; City; State; Zip Code

17110 HAPPY HOLLOW
SAN ANTONIO, TX. 78232

Amount (\$)

475.00

Purpose of payment (See instructions regarding type of information required.)

t-shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/8/01

You Name It

6 Payee address; City; State; Zip Code

213 E. Nakoma

San Antonio TX 78216

15.11

8 Purpose of payment (See instructions regarding type of information required.)

name tag

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/26/01

Randle R. Ross CPA

Payee address; City; State; Zip Code

8531 N. New Braunfels #202

San Antonio TX 78217

296.50

Purpose of payment (See instructions regarding type of information required.)

Accounting / Bookkeeping

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/15/01

Pam Williams

Payee address; City; State; Zip Code

15190 Cadillac Dr.

San Antonio TX 78248

600.00

Purpose of payment (See instructions regarding type of information required.)

yard stakes, postage,
invitations

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/15/01

Wells Fargo Bank

Payee address; City; State; Zip Code

40 NE LOOP 410

San Antonio TX 78216

2.00

Purpose of payment (See instructions regarding type of information required.)

checking account service
fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME JIM WILLIAMS		3 ACCOUNT # (Ethics Commission files)
4 Date 2/28/01	5 Payee name EL JARRO DE ARTURO, INC. 6 Payee address; City; State; Zip Code 13421 SAN PEDRO SAN ANTONIO, TX. 78216 7 Purpose of expenditure (See instructions regarding type of information required.) LUNCH WITH POLITICAL ADVISORS	8 Amount (\$) \$42.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/5/01	Payee name HOLIDAY INN RESTAURANT Payee address; City; State; Zip Code 77 LOOP 410 NE SAN ANTONIO, TX 78212 Purpose of expenditure (See instructions regarding type of information required.) LUNCH WITH POLITICAL ADVISORS	Amount (\$) \$47.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/11/01	Payee name MAMA'S RESTAURANT Payee address; City; State; Zip Code 14424 N. HWY 281 SAN ANTONIO, TX. 78216 Purpose of expenditure (See instructions regarding type of information required.) BREAKFAST WITH CAMPAIGN ADVISORS	Amount (\$) \$28.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/11/01	Payee name EZ2 RESTAURANT Payee address; City; State; Zip Code 734 W. BITTERS SAN ANTONIO, TX 78216 Purpose of expenditure (See instructions regarding type of information required.) DINNER WITH CAMPAIGN ADVISORS	Amount (\$) \$24.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/14/01	Payee name KINKS COPIES Payee address; City; State; Zip Code 13424 SAN PEDRO, SAN ANTONIO, TX. 78216 Purpose of expenditure (See instructions regarding type of information required.) COPIES OF CAMPAIGN LETTERS	Amount (\$) \$96.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

JIM WILLIAMS

3 ACCOUNT # (Ethics Commission files)

4 Date

3/16/01

5 Payee name

CASA REAL MEXICAN RESTAURANT

6 Payee address;

City; State; Zip Code

14415 BLANCO RD. SAN ANTONIO, TX. 78248

7 Purpose of expenditure (See instructions regarding type of information required.)

DINNER WITH CAMPAIGN ADVISORS

8 Amount (\$)

\$38.66

Reimbursement
from political
contributions
intended

Date

3/18/01

Payee name

LITTLE LEASARS

Payee address;

City; State; Zip Code

19202 STONE OAK PKWY @ HUEBNER, SAN ANTONIO, TX.

Purpose of expenditure (See instructions regarding type of information required.)

LUNCH FOR BLOCK WALKERS

Amount (\$)

\$32.27

Reimbursement
from political
contributions
intended

Date

3/21/01

Payee name

DENNY'S

Payee address;

City; State; Zip Code

13535 SAN PEDRO SAN ANTONIO, TX 78216

Purpose of expenditure (See instructions regarding type of information required.)

BREAKFAST WITH CAMPAIGN ADVISOR

Amount (\$)

\$12.92

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement
from political
contributions
intended

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